

WEST VIRGINIA  
EARLY CHILDHOOD  
**PROVIDER**  
QUARTERLY



**Reaching "Resistant" Learners**  
**Developmental Stages**  
**of Teachers**

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# The Developmental Stages of Teachers

Article by Lilian G. Katz



This paper was first published in 1972 under the title “The Developmental Stages of Preschool Teachers” in *Elementary School Journal* [73(1), 50-54]. It was revised and reprinted in 1995 as “The Developmental Stages of Teachers” in *Talks with Teachers of Young Children: A Collection* (Stamford, CT: Ablex). This version has undergone further revisions, though the same central ideas are presented.

The concept of development and associated developmental stages has a long history in the field of child development and early childhood education. However, several postmodern scholars have argued that the concept of development is of doubtful validity (Burman, 1994; Grieshaber & Cannella, 2001).

As it is used here, the term development is used to indicate that both thought and behavior are learned in some kind of sequence and become increasingly adaptive to the tasks at hand and to the environment. In other words, no one can begin a professional role—such as a teacher or physician—as a veteran; in most cases, competence improves with experience and the knowledge and practice that come with it. It is unlikely that any experienced teacher believes and feels that he or she was more competent during the first month or year of teaching than during the fifth month or year, all other things being equal. Therefore, it seems to me meaningful as well as useful to think of teachers as having developmental sequences or stages in their professional growth patterns (Katz & Weir, 1969).

The purpose of the present discussion is to suggest the tasks and training needs associated with each developmental stage and to consider the implications for the timing and location of training efforts that might be most responsive to the nature of the stages.

### **Stage I: Survival**

#### **Developmental Tasks**

During the survival stage, which may last throughout the first full year of teaching, the teacher's main concern is

whether or not he or she can survive the daily challenges of carrying responsibility for a whole group of young children and their growth, development, and learning. This preoccupation with survival may be expressed to the self in terms such as “Can I get through the day in one piece? Without losing a child? Can I make it until the end of the week—to the next vacation? Can I really do this kind of work day after day? Will I be accepted by my colleagues?” Such questions are well expressed in Ryan's (1970) enlightening collection of accounts of first-year teaching experiences.

The first full impact of responsibility for a group of immature but vigorous young children (to say nothing of encounters with their parents) inevitably provokes some teacher anxieties. The discrepancies between anticipated successes and classroom realities may very well intensify feelings of inadequacy and unpreparedness.

#### **Training Needs**

During this survival period, the teacher is most likely to need support, understanding, encouragement, reassurance, comfort, and guidance. She needs direct help with specific skills and insight into the complex causes of behavior—all of which must be provided at the classroom site. On-site trainers may be principals, senior staff members, advisors, consultants, directors, or other specialized and experienced program assistants. Training must be constantly and readily available from someone who knows both the trainee and her teaching context well. The trainer/mentor should have enough time and flexibility to be on call as needed by the trainee.

Schedules of periodic visits that have been arranged in advance cannot be counted on to coincide with trainees' crises, although visits may frequently be helpful. Cook and Mack (1971) describe the British pattern of on-site training given to teachers by their headmasters (principals). Armington (1969) also describes how advisors can meet these teacher needs on site at times of stress or during moments of crisis.

### **Stage II: Consolidation**

#### **Developmental Tasks**

By the end of the first year—give or take a month or two—the teacher has usually come to see herself as capable of surviving immediate daily crises. She is now likely to be ready to consolidate the overall gains made during the first stage and to differentiate specific tasks and skills to be mastered next. During Stage II, teachers usually begin to focus on individual children and problem situations. This focus may take the form of looking for answers to such questions as “How can I help a clinging child? How can I help a particular child who does not seem to be learning? Are there some more effective ways to handle transition times?” These questions are now differentiated from the general survival issues of keeping the whole class running smoothly.

During Stage I, the neophyte acquires a baseline of information about what young children of a given age are like and what to expect of them. By Stage II, the teacher is beginning to identify individual children whose behavior departs from the pattern of most of the children she knows. Thus she identifies the more unusual or exceptional pat-

terns of behavior that have to be addressed to ensure the steady progress of the whole class.

### **Training Needs**

During this stage, on-site training continues to be valuable. A trainer can help the teacher by engaging in joint exploration of an individual problem case. Take, for example, the case of a young preschool teacher eager to get help who expressed her problem in the question “How should I deal with a clinging child?” An on-site trainer can, of course, observe the teacher and child in situ and arrive at suggestions and tentative solutions fairly quickly. However, without firsthand knowledge of the child and the context, an extended give-and-take conversation between teacher and trainer or mentor may be the best way to help the teacher interpret her experience and move toward a solution of the problems in question. The trainer might ask the teacher such questions as “What strategies have you tried so far? Can you give an example of some experiences with this particular child during this week? When you did such and such, how did the child respond?”

In addition, during this stage, the need for information about specific children or problems that young children present suggests that learning to use a wider range of resources would be timely. Psychologists, social and health workers, and other specialists can strengthen the teacher’s skills and knowledge at this time. Exchanges of information and ideas with more experienced colleagues may help a teacher master the developmental tasks of this stage. Opportunities to share feelings with other teachers in the same stage of develop-

ment may help to reduce some of the teacher’s sense of personal inadequacy and frustration.

## **Stage III: Renewal**

### **Developmental Tasks**

Often during the third or fourth year of teaching, the teacher begins to tire of doing the same things, offering the same activities, and celebrating the same sequence of holidays. She may begin to ask more questions about new developments in the field: “What are some new approaches to helping children’s language development? Who is doing what? Where? What are some of the new materials, techniques, approaches, and ideas being developed these days?” It may be that what the teacher has been doing for each annual cohort of children has been quite adequate for them, but that she herself finds the recurrent Valentine cards, Easter bunnies, and pumpkin cut-outs insufficiently interesting! If it is true that a teacher’s own interest and commitment to the projects and activities she provides for children contribute to their educational value, then her need for renewal and refreshment should be taken seriously.

### **Training Needs**

During this stage, teachers are likely to find it especially rewarding to meet colleagues from different programs on both formal and informal occasions. Teachers in this developmental stage are particularly receptive to experiences in local, regional, and national conferences and workshops, and they profit from membership in professional associations and participation in their meetings. Teachers are now widening the scope of their reading, scanning

numerous magazines and journals, viewing films and videotapes, and using the Internet as a source of fresh ideas. Perhaps during this period, they may be ready to take a close look at their own classroom teaching through videotaping themselves at work and reviewing the tapes alone or with colleagues. This is also a time when teachers welcome opportunities to visit other classes, programs, and demonstration projects. Concerns about how best to assess young children’s learning, and how to report and document it, are also likely to blossom during this period.

Perhaps it is at this stage that teacher centers had the greatest potential value (Silberman, 1971; Bailey, 1971). Teacher centers were once places where teachers gathered together to help each other learn or re-learn skills, techniques, and methods; to exchange ideas; and to organize special workshops. From time to time, specialists in curriculum, child growth, or any other area of concern identified by the teachers were invited to the center to meet with them and focus on their concerns.

## **Stage IV: Maturity**

### **Developmental Tasks**

Maturity may be reached by some teachers within three years, by others in five or more. The teacher at this stage is likely to have come to terms with herself as a teacher and to have reached a comfortable level of confidence in her own competence. She now has enough perspective to begin to ask deeper and more abstract questions, such as “What are my historical and philosophical roots? What is the nature of growth and learning? How are educational de-



cisions made? Can schools change societies? Is early childhood teaching really a profession?" Perhaps she has asked these questions before. But with experience, the questions represent a more meaningful search for insight, perspective, and realism.

### Training Needs

Throughout maturity, teachers benefit from opportunities to participate in conferences and seminars and perhaps to work toward an advanced degree. Mature teachers welcome the chance to read widely and to interact with educators working on many problem areas on many different levels. Training sessions and conference events that Stage-II teachers enjoy may be very tiresome to the Stage-IV teacher. Similarly, introspective, in-depth discussions enjoyed by Stage-IV teachers may lead to restlessness and irritability among the beginning teachers in Stage I.

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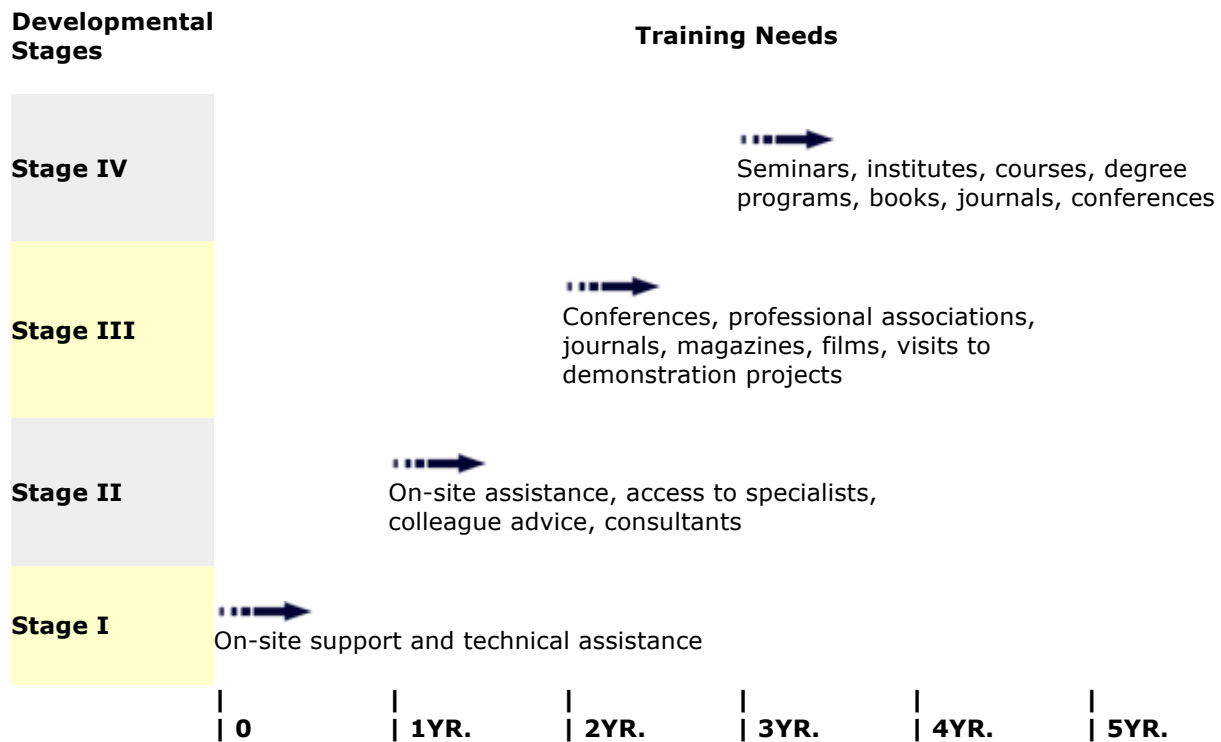


Figure 1. Stages of Development and Training Needs of Preschool Teachers.

In the above outline, four dimensions of training for teaching have been suggested: (1) developmental stages of the teacher, (2) training needs of each stage, (3) location of the training, and (4) timing of training:

Developmental Stage of the Teacher. It is useful to think of the growth of teachers as occurring in stages, linked very generally to experience gained over time.

Training Needs of Each Stage. The training needs of teachers change as experience accrues. For example, the issues dealt with in the traditional social foundations courses do not seem to address themselves to the early survival problems that are critical to the inexperienced. However, for the maturing teacher, attention to those same issues may help to deepen her understanding of the larger context in which she is trying to be effective.

Location of Training. The location of training can be moved as the teacher develops. At the beginning of the new teacher's career, training resources are most likely to be helpful when they are taken to her. In that way, training can be responsive to the particular (and possibly unique) developmental tasks and working situation, as well as the cultural context that the trainee faces in her classroom, school, and neighborhood. Later, as the teacher moves beyond the survival stage, training can move away from the school to a training facility or a college campus.

Timing of Training. The timing of training should be shifted so that more training is available to the teacher on the job. Many teachers say that their preservice education has had only a minor influence on what they do day-to-day in their classrooms; this claim suggests that strategies acquired before employment will often not be retrieved under the pressures of the actual classroom and school situation. It is interesting to note that the outstanding practices to be observed in the small Italian city of Reggio Emilia that are admired worldwide are implemented by teachers with only a high school education, but with extensive and intensive on-site inservice training and support (Filippini, 1993).

## Do You Qualify For WVCHIP?

WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

### Who Qualifies?

- 😊 Age - Children under 19.
- 😊 Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line #37 on the 1040 Income Tax Form.
- 😊 Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.

Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$24,360	\$34,267	\$48,720
3	\$30,630	\$43,087	\$61,260
4	\$36,900	\$51,906	\$73,800
5	\$43,170	\$60,726	\$86,340



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## Stage of Change Approach by Children's Institute: Professional Development for Family Child Care Providers

Article submitted by Amy Baker, MA, Children's Institute  
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Here in a small conference room at the Eastside Community Center, a former neighborhood settlement house, Children's Institute is about to convene the first meeting of the Experienced Provider Discussion Group. Ten urban family child care providers have agreed to find out how these sessions will be different from any other classes they've attended.

"A long time ago," I tell them, "I used to teach classes for family child care providers the traditional way. I'd talk about one of the state's competency areas for 20 minutes or so, and then ask you to break up into small groups and talk about the topic amongst yourselves. I usually had a take-home lesson or two – some way for you to make your programs better."

I pause to look at their faces. "I wanted the classes to be interesting, but I was never sure. I was always the one who decided what was important."

They shift in their chairs. They know all about this. It's called mandatory training.

"This group will be different. It won't look like any class you've been to before and I won't be running it, even though it looks like that right now." Everyone laughs. "You will decide what you want to talk about and how you want to go about it. If you want to talk about one of the children in your program, that's okay. If you want to talk about your state licensure, that's okay. It's okay if you want to exchange recipes or activity ideas. It's up to you what you'll discuss. Sally and I will support whatever you think is best. We want you to enjoy the conversation and look forward to the next meeting."

I give them a moment to think about this. "If something happens that makes you unhappy – for example, you don't get a chance to talk as much as you want to – we can talk about it and, hopefully, we'll make it better. What happens is up to you."

This is such a novel idea, that I don't expect them to have much to say in return. Not yet. Right now, it's more important to me that they trust the process. So I continue, "You all are experienced providers. You've been running your programs for five years or longer. You all like working with children. You all see child care as important work. You're not in it for the money." (No one can go into this business in these neighborhoods for the money.) "You're in it for the long run. You want to help children succeed in school and in life. You all have experience to bring to the group."



Conversation begins to bubble around me: “We’re more than baby-sitters.” “The County doesn’t appreciate what we do. The State doesn’t either.”

I listen and agree. As a rule, urban family child care providers aren’t well understood, but they work hard and they care – often deeply – about the children in their programs. When the conversation slows down, I admit: “I couldn’t do your jobs...I’m too bookish. It would be too hard for someone like me.”

And then I ask them to tell me, off the top of their heads, what topics they’d like to talk about. My co-convenor, Sally, takes on the role of the scribe and writes their ideas on a flip chart. The list includes parent-provider communication, state regulations, contracts, child abuse and neglect, and the Child and Adult Care Food Program. When they’re finished, I ask them to pick a topic and then jump-start the conversation by asking: “What about that subject gets to you? Why did you choose it?”

They start talking about the parents who use their programs: a mom who is in too much of a hurry to listen to what her child did during the day, or a mother who sends her baby with a bottle of Kool Aid. When they finish, they switch to teen moms they’ve taken under their wings and talk about parenting the parent.

The Experienced Provider Discussion Group is off and running.

### The Stage of Change Approach by Children’s Institute

The approach to this professional development grew out of our research into the evidence-based Trans-Theoretical Model (TTM) of change. Strategies that are stage-based (designed to meet learners where they are) have a greater impact, and TTM identifies five stages of readiness to change: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance. Learners who are ready to change (in Stages 3 - 5) are receptive to new information, goal-setting and problem solving, but learners who are at early stages of readiness (Stages 1 and 2) don’t respond well to those approaches. In fact, they scare them off. For Stage 1 and Stage 2 learners, TTM supports experiential learning, the process of providing learners with opportunities to reflect on their own experience.

The Experienced Provider Discussion Group follows that model, giving caregivers time to talk about what they do and why they do it. We aren’t expecting these discussions to cause changes in behavior. What we expect is that these learners, who are stuck or overwhelmed by circumstances, will take a greater interest in the quality of their work.

We’re looking for changes in attitude. We want them to move from Pre-contemplation (“My licensor said I had to do it...” “No one ever complained about this before...”) and Contemplation (“I’d like to but...”) to Action (“I’d like to try that!”

“How do you do that?”). What we want is for them to feel excited about learning. We want them to feel motivated from within.

### Providers own the process

The participants are asked to follow standard guidelines for small groups, upholding principles such as confidentiality, mutual respect, empathy, and acceptance of the idea that there can be many right answers to complicated questions. The group’s over-arching goal is to help the children in their care succeed in school and in life.

The conversation usually starts with a story related to that topic: “This child thinks he can get away with anything. He looks through my fridge for something to eat without even asking!” Others chime in: “I tell these children that when they’re in my house they have to follow my rules!” “I had a child like that and I had to let him go. He upset all the other children.”

The lessons emerge from the stories themselves: “You have to work with young parents if you want them to do the right thing.” “Sometimes you have to take care of the mothers, too.”

The amount of time the providers spend on each subject depends on their level of interest. Sometimes they stay with a single topic for an hour or more – especially a hot-button topic like parent-caregiver relationships or licensing regulations. If the training topic is mandated by the State and the providers seem to be learning from the discussion, they receive a certificate for training credit.

While the providers carry on the discussion, Sally and I listen appreciatively, but quietly, keeping to our role as conveners. When the conversation veers off track, we remind them of their purpose. Now and then, we provide information they ask for – an immunization schedule, the name and number of a person at an agency that might be able to help, clarification of CACFP guidelines – but other than that, we simply provide space, credit, and now and then a birthday cake.

### Measuring outcomes

The day after the meeting, Sally and I write up what we remember of the discussion, including the issues that were raised, the people who raised them, the stories they told, and the lessons they learned. Our notes provide anecdotal evidence when it comes time to assess the provider’s stage of change at the end of the program.

Our measure is the Stage of Change Scale, which was designed and tested for reliability and internal consistency by Children’s Institute. It has seven items, each with five possible responses, and only takes a few minutes for a mentor, who knows the learner well, to fill out. All of the providers who took part in the Experienced





Provider Discussion Group last year were in Stage 1 (pre-contemplation) or Stage 2 (contemplation) upon entry into the program. They were intentional and committed to their work, but were stuck, overwhelmed by obstacles.

Last year, when the program was over, Sally and I administered the scale again, independently, drawing from our notes and formal provider interviews. Six of the providers moved up at least one stage of change to Stage 3 (Preparation), and two moved up to Stage 4 (Action). All of them were more confident and motivated to improve the quality of their programs, and better prepared to do so.

Here's what some of the participants had to say about their time in the group:

"Before I was in a rut, now I..."

"We talked about what needs to be talked about."

"I was pretty tense before. I feel different now. More at ease with people. It was de-stressing."

"It gave me more oomph. Motivation to do it better."

"I observe the children more. The class taught me to pay attention. I never was a teaching person, but now I know which ones count and which ones are learning to count and who knows how to say it a little better than the other one."

Looking ahead, Sally and I expect that the providers in this year's group will move up one stage of change as well.

What kept them coming back?

Even though the Stage of Change Scale let us know we had accomplished our goal, we weren't sure why the meetings had been so successful, so we interviewed the participants and asked what the experience was like for them. What kept them coming back?

Again, in their own words:

"Before, I was in serious depression dealing with my son's autism. I felt I could open up in the group. I could say I'm not doing well. I need help."

"The relationships kept me coming back. In class, we don't get to form relationships like this. I learned a lot. It was my getaway. Time for myself. I always help other people with their problems but this was for me."

"The classes never dragged. They kept you alert. I enjoyed the friendship, fellowship. I felt warm and good being around them."

Their responses confirmed what we had thought when Children's Institute designed the program: Learners benefit from talking and problem-solving with peers in small groups. The participants enjoyed talking with one another about their experience. What was a surprise was the sense of isolation that fueled this longing for connection. Nearly all the participants told us they felt fearful or intimidated by their State licensors and workers at the Department of Health and Human Services. They be-

lieved that if they went to the Child Care Resource & Referral Agency or the State licensing office with a question, they could get turned in or cited for being out of compliance.

They felt the same mistrust for other providers. They said that competition in their neighborhoods was so intense, it was impossible to ask another provider for help. The discussion group was different because they could trust one another. They could talk about their experience, and ask for advice without fear.

We had thought about provider isolation when we designed the program, but the fear and desperation that these urban providers expressed was deeper and more pervasive than we had imagined. The sense of isolation went a long way to explain their excitement, their commitment, and their wish that the group would continue indefinitely. The discussions met a deep unmet need for connection, understanding, appreciation, and empathy.

### Summary thoughts

The Experienced Provider Discussion Group has been well received because it meets providers where they are. It meets their need for collegial relationships with peers who have similar challenges and goals. It meets the learners' need for fellowship – to enter into relationships with people who care about their stories and listen with understanding and empathy. It also meets the providers' need for professional development – training on topics of interest.

It is an example of stage-based professional development at its best. It follows the recommendation from the evidence-based Trans-Theoretical Model of Change, by meeting learners where they are, rather than where we want them to be. Rather than expect Stage 1 and Stage 2 learners to change their behavior, it offers experiential learning – opportunities for learners to talk about their experience in ways that meet their needs. The 90 percent attendance rate says it all: The Stage of Change Approach by Children's Institute motivates learners to evaluate and reinvest in their own programs. It is a professional development model that works.

*Children's Institute is a national not-for-profit organization based in Rochester, NY that works to strengthen children's social and emotional health. Through sound research and evaluation, the organization develops and promotes effective prevention and early intervention programs, materials, and best practices for children, families, schools, and communities. Children's Institute is affiliated with the University of Rochester and has served the community for over 60 years. For more information, visit [www.childrensinstitute.net](http://www.childrensinstitute.net).*



# Do you know a child who is not \*moving \*hearing \*seeing \* learning or \*talking like others their age?

By 3 months,  
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,  
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,  
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,  
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,  
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,  
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

**Every child deserves a great start.**

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**1-866-321-4728**

Or visit [www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23)



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.



# 3 REASONS

## GOOD INFANT MENTAL HEALTH MATTERS



### BRAIN ARCHITECTURE



We have a shared stake **to make sure babies develop sturdy brain architecture**, because this foundation supports a lifetime of learning and productive participation in society. A reliable caregiver who is responsive to a baby's needs is the base for secure attachment, which allows an infant to explore and learn.



### BODY & HEALTH



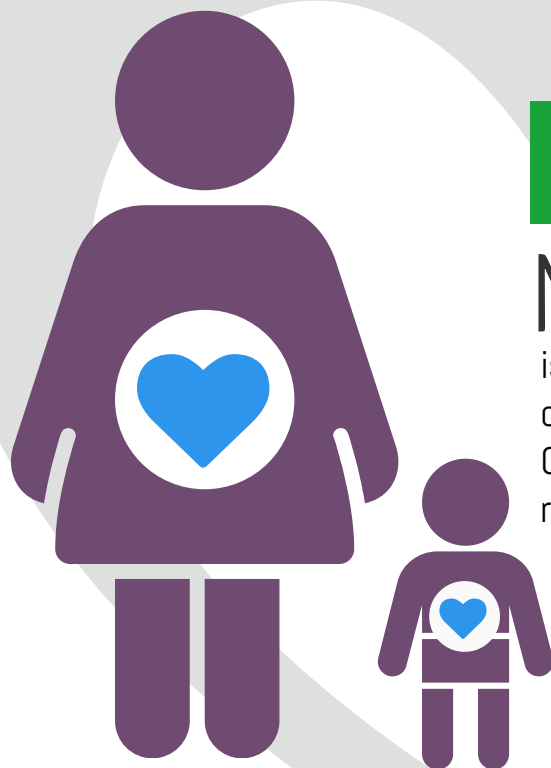
**Toxic stress** from broken caregiver-infant relationships can push a baby's stress hormones into overdrive. When constantly present, these hormones disrupt brain and physical development. And babies can't learn if their brains and bodies are working against them. **The antidote to toxic stress?** Affection and protection by a nurturing caregiver.



### BEHAVIOR & RELATIONSHIPS



**Secure attachment** is a fundamental building block of social function. Children need relationships with sensitive caregivers to self-regulate, get along with others, solve problems, and be productive -- the basis for civic and economic prosperity.



# INFANT MENTAL HEALTH

is the optimal social, emotional, and cognitive well-being of children ages 0 to 3, developed by secure and stable relationships with nurturing caregivers.



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# Stage of Change Approach by Children's Institute: Reaching "Resistant" Learners

Article submitted by Amy Baker, MA, Children's Institute  
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How many times have you tried to change a caregiver's practices – and been met with resistance? You want the infant/toddler caregiver to speak to the babies when she's changing their diapers. You've told her to think of diapering as a time to let children know that they are cared about and not just cared for. The caregiver listens and nods in agreement, but when she's alone, she goes right back to her assembly-line approach, changing one baby while scanning the room for the next in line.

Mentoring caregivers can feel like a tug-of-war. Every experienced director, mentor, or behavioral health consultant has felt the frustration of working with learners who aren't ready to learn. They listen to you talk about national standards, but when they're asked to change, they protest, "No one ever complained about my work before." They go to classes, primarily because "My director made me."

Several years ago, Children's Institute began to take the question of "resistant learners" to heart. We hired two cadres of experienced mentors – one to work with infant/toddler teachers and the other to work with preschool staff – to take part in a three-year, federally-funded professional development project. Each mentor was trained in the essentials of mentoring – trust-building, effective communication skills, collaboration, goal-setting, and document-



tation—and received peer support and reflective supervision.

We were hopeful about the outcomes, but the results (as measured by the ECERS-R and the ITERS-R) at the end of the first year were unexceptional. The same was true for the outcomes at the end of Year 2. Some of the learners changed their practices, but many did not.

## Trans-Theoretical Model of Change

A Children's Institute board member with experience in behavioral health programs suggested that we look at the Trans-Theoretical Model of Change, an evidence-based approach with good results in changing people's attitude toward smoking, diet, and exercise. May-

be this approach would shed light on our outcomes. Curious, we followed her lead.

The Trans-Theoretical Model identifies five stages of readiness to change: Pre-contemplation, contemplation, preparation, action, and maintenance. Outcomes from users of this model show that learners who are ready to change (Stages 3-5) are receptive to new information and problem solving, but people at early stages of change (Stages 1 and 2) do not respond well to that approach. In fact, it scares them off.

For a person who has been told to stop smoking or take part in an exercise program, this means exploring questions such as: Why do you think your spouse wants you to exercise? Why do you feel

overwhelmed by the thought of going on a diet? Tell me about your first cigarette. Why did you begin smoking? People in early stages of readiness need time to explore the issues and think about why the issues are important before deciding to change their behavior.

### Stage of Change Scale

Curious about the readiness of learners who took part in the mentoring project, Children's Institute created a scale that could be used to assess the learner's stage of change. It included seven indicators: whether or not the learner planned to make a change, the learner's belief that she needed to change, the learner's conviction that change would make a difference to the children, the learner's belief that she has the power to make the change, the strength of her support, and her attitude toward her work as a professional.

We wanted to know whether there was any correlation between the learner's stage of readiness and the outcomes, so when the scale was ready, we asked the mentors to apply it retroactively to their mentees. The results aligned with findings from the Trans-Theoretical Model. The learners who made the greatest progress were those who were "ready to change" when they entered the program. Those who did not change practices were not ready.

### Experiential learning

The Trans-Theoretical Model recommends meeting learners at Stage 1 and 2 of readiness with an "experiential learning" approach. The goal is to raise the learners' awareness of relevant

issues and their importance – experiential learning offers the learner a way of reflecting on his/her experience. A mentor working with an infant/toddler caregiver who uses an assembly-line approach to diapering, might say, "Tell me about children who have been fun to diaper," or "Tell me about children who have hated getting their diapers changed. What do you do to get them to cooperate?"

The mentor is trying to move the learner from pre-contemplation ("No one ever asked me to do this before!") to "Huh!" ("This issue is more interesting than I thought.")

The mentor is not trying to change the learner's behavior; the goal is to motivate the learner to take a deeper and more active interest in the subject.

### "Should mothers swear in front of their children?"

A few years ago, I was teaching infant/toddler care to a group of first-time mothers of young babies and I wanted them to think about the decisions they would make when it came time to guide their children's behavior. I asked them to pick a topic that interested them, and they chose swearing.

I wanted to give them an opportunity to explore the subject, so I started the conversation with neutral questions such as, "Do you swear in front of your baby?" "Does your baby's father?" "What are your thoughts about this?"

Most of them thought that it was all right to swear in front of their children because they were adults and adults can

swear if they wanted to. So I asked: "Is it okay for your child to swear in front of you?" This time, their thinking was mixed. Some said it was okay for adults to swear, but not for children. Some said they didn't care whether their children swore or not. "Everyone swears! So what!"

I wanted to keep "expanding the paragraph," so I asked whether they felt that some swear words were more objectionable than others. If some were considered more offensive, why did they think so? The discussion became deeper and more complicated as they thought about the emotion underlying the words – the condescension that comes with name-calling and the anger that lies behind the use of expletives.

The mothers loved this class because it met them where they were and gave them what they needed – an opportunity to explore their own experience, culture, and beliefs in a safe, neutral setting. I didn't tell them the right or the wrong way to raise a child. I didn't say they should think of themselves as role models or remind them that they were their child's first teacher. All I asked was that they explore the topic.

That's experiential learning.

### Documenting change

Shifts in behavior are typically documented using national standards such as NAEYC Accreditation or ECERS, but shifts in interest and attention can be documented as well. A learner expresses interest when she uncrosses her arms and leans forward in her chair. She expresses increased curiosity when she



says: “What did you do with your own children?” She expresses excitement and motivation when she says: “I loved this class!” Changes like these are important precursors to behavior change.

Changes can be documented anecdotally or we can document them using the Stage of Change scale, first at the outset of our relationship and then again two or three or four months later. For example, when we first met the learner, she did not think that making a change would help the children, but recently she began to wonder whether the children would spend more time in the book corner if they had a rug to lie down on. The scale enables us to document changes in the learner’s motivation, confidence, and curiosity.

### **The Stage of Change Approach to professional development**

Most early childhood professional development is one-size-fits-all. The mentor or director provides the learner with information about best practices and expects that the learner will adapt to meet the standard. The Stage of Change Approach by Children’s Institute is tailored to the learner’s readiness to change. Its goal is to meet learners where they are.

In a nutshell, it is a six-step process. The mentor:

- Identifies the learner’s stage of change using the Stage of Change scale.
- Picks an approach that matches the learner stage of readiness. If he or she is at Stage 1 or 2, the approach

will be based on experiential learning.

- Sets a goal that meets the learner where she is. If the learner is ready, give her the information that she needs and set timelines for change. If the learner is at Stage 1 or 2, set experiential goals. For example, talk about the way she is raising her own children.
- Documents the process. If the learner changes her behavior, document that. If the learner reflects on her upbringing or her own experience as a parent, document that.
- Documents the change using the Stage of Change Scale.
- Plans the next step in keeping with the changes she or he has observed.

### **Some summary thoughts**

No matter how much or how quickly we want the early childhood workforce to change, the economic reality is that most people who work in the field don’t come to the job with the necessary education. They come because they love working with children. The attitudes they bring with them are the ones they grew up with – interactions they saw played out at home and in their neighborhoods. Through no fault of their own, most have never reflected on “best practices.” They have never taken a college course in child development, sat in on a seminar that explored cultural differences in childrearing, or read books on the history of the American family.

The Stage of Change Approach by Children’s Institute gives these learners what college has given early childhood leadership – a chance to look at the big picture in all its complexity and ambiguity. It gives them an opportunity to reflect on their beliefs and their practices and the beliefs and practices of the people around them. It gives them a chance to talk about WHY and lets that be their starting point.

*Children’s Institute is a national not-for-profit organization based in Rochester, NY that works to strengthen children’s social and emotional health. Through sound research and evaluation, the organization develops and promotes effective prevention and early intervention programs, materials, and best practices for children, families, schools, and communities. Children’s Institute is affiliated with the University of Rochester and has served the community for over 60 years. For more information, visit [www.childreainsstitute.net](http://www.childreainsstitute.net).*

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# Helping Children to Understand Stress Should Be Taught At An Early Age

Submitted by Addy Morris, RN, BSN, Child Care Nurse Health Consultant

Imagine feeling completely overwhelmed and not having any control over your environment or situation; being unable to express your feelings. Often times, toddlers and preschoolers feel this way when experiencing stress. Helping children learn to identify these feeling as stress and giving them coping mechanisms to deal with their stressors is an important lesson that should be taught at an early age.

Stress is a natural and normal part of our lives. Children however, are often more vulnerable to stress as they do not yet have the tools to effectively deal with it. One of the first ways we can help children deal with stress and anxiety is to first identify the symptoms in the child. These symptoms may include:

- Change in regular sleep and eating habits
- Tantrums or uncontrollable crying
- Headache or stomach aches
- Nightmares or fear at bedtime
- Frequent reliance on habits such as thumb sucking or hair chewing

Once you've identified the symptoms, you can begin empathizing with the child and letting them know you understand their feelings. This can go a long way in helping them develop healthy and productive ways to cope with stress.

As we grow older, we often romanticize our childhood as a carefree time with no worries to be had. We've likely forgotten how stressful it was to make new friends, start a new grade, or simply experience changes in your normal daily routine. Common events that lead to stress, even at a very young age, may be...

- Changes in family dynamics, i.e. new a sibling, divorce, even a new pet
- Potty training
- Overwhelming schedule
- Unexpected world event (Little ears love the news)
- Relocating

Taking time to work with children through these stressful situations will help them become better prepared for the future stressors of adolescence and adulthood.

Although the tools in your tool box may be similar to the ones needed to deal with stressful moments as a child, you'll need to adjust them to accommodate the children's age, personality and level of development.



Here are some practical tips:

- Face your fears and get a reward when it's done.
- Imperfection is perfection. Remind your child that not being perfect is okay.
- Let them express themselves. Let them draw their emotion, sing a sad song at the top of their lungs, or just scream out the fear.
- Find the silver lining. Teaching them to have a different perspective early on is a wonderful ability.
- Find time to unwind, and do it together.
- Make a schedule and stick to it. We all need more sleep.
- Don't solve the problem for them, solve it with them.
- Stay calm and be the role model you want to see your children grow up to be.
- Extra hugs and kisses go a long way. Hug time anyone?

There will be times when there doesn't seem to be anyway to help. Don't wait to get help. Finding the source of the stress and the most effective method to help can be difficult. Speak with your child's physician. They will be able to help identify action steps toward a positive solution. Seeking help shows a child that reaching out to others is not a sign of weakness, but a sign of strength.

Next time your daughter wakes you up ten times in one night for increasingly creative reasons, resist the urge to lose your temper. Remember, she may be dealing with stress and has no way of telling you why she can't sleep. Little minds can make big fears. Learning early how to deal with stress is a life lesson that should be started with the very young.

# WIC Improves Children's Educational Prospects

WIC — the Special Supplemental Nutrition Program for Women, Infants, and Children — provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services for millions of low-income families. Extensive research shows that participating in WIC leads to healthier babies, more nutritious diets and better health care for children, and higher academic achievement for students.

- ▶ Poverty and related disadvantages in infancy and early childhood can **affect children's cognitive development and readiness to learn**, studies show, producing disparities in skills and academic achievement. These disparities may grow as children age.
- ▶ Sound investments that reduce adversity in early childhood can **strengthen the foundations of physical and mental health**, helping children do better in school and grow up to become healthier and more productive adults.
- ▶ WIC supports sound nutrition during critical periods of cognitive development to mitigate the harmful effects of poverty. New research shows that **children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2** than similar children whose mothers didn't participate.
- ▶ **The benefits of WIC participation lasted into the school years**, as children whose mothers participated in WIC while pregnant performed better on reading assessments.



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# Parent Blocks

## NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 14, Issue 3, Fall 2017

## Change can be hard for children and adults

Learning to manage and deal with change can be difficult for both children and adults. Most children experience quite a bit of change in the early years,

everything from child care or preschool to multiple activities throughout the day.

Often, these transitions will go smoothly; however, sometimes children

will exhibit behavior that can be challenging. Keep in mind that many times children have very little input or time to adjust to transitions or changes that may be occurring. Parents can help children navigate through the emotions by providing an opportunity for children to prepare for changes.

Just as for children, parents also need to attend to the emotions they experience when going through a change. Parents can teach children the importance of healthy emotional development by modeling this for children. This will make a lifelong impact.

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Department of Education/Office of Special Education; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

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## Backpack Connection Series

### About this Series

The *Backpack Connection Series* was created by TACSEI to provide a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers may choose to send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each *Backpack Connection* handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

### The Pyramid Model



The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design effective interventions that support young children who might have persistent challenging behavior. It also provides practices to ensure that children with social emotional delays receive intentional teaching. Programs that implement the Pyramid Model are eager to work together with families to meet every child's individualized learning and support needs. To learn more about the Pyramid Model, please visit [challengingbehavior.org](http://challengingbehavior.org).

### More Information

For more information about this topic, visit TACSEI's website at [www.challengingbehavior.org](http://www.challengingbehavior.org) and type "transition" in the Search Box in the upper-right corner of the screen.



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# How to Help Your Child Transition Smoothly Between Places and Activities

Alyson Jiron, Brooke Brogle & Jill Giacomini

**T**ransitioning, or moving, to new places, people and activities is something we do many times during the day. However, change can be overwhelming and seem unpredictable for your child, especially when she is not ready to move on to the next place or activity. Children make many transitions each day—from parents to teachers, from home to car, or from play time to the dinner table, for example. When and how often transitions occur are usually decided by an adult and children often act out with challenging behavior when they feel unable to control their routine. When you help your child prepare for transitions you are helping her to learn a valuable skill. The good news is that you can teach her this important skill while you are enjoying time together.



### Try This at Home

- Use a timer, an instrument or a funny noise to give your child advance warning of routine transition events. If possible, ask him to help "alert" everyone to the upcoming event. For example, let your toddler bang a pot with a wooden spoon to let the family know it is time for dinner.
- Let your child pick out a special object or toy to transition with to the next activity or place. "Would kitty like to come with us to the grocery store? I wonder if she could help us find the items on our list?"
- Use a visual schedule to show your child the plan for the day. "First, you have school and then we are going to take Aunt Rachel's gift to the post office and mail it to her."
- Make the transition a game or activity where the child has the opportunity to move around. "I wonder if today we can use this big shovel to scoop the cars into the bucket while we clean up?" If possible, let him think of the game. "I wonder how we could get to the car today?" You might be surprised at his creativity and how much fun you have roaring like a dinosaur or hopping like a rabbit.
- Sing songs as you transition. Children love to hear songs as they move about their day. Make up silly songs together about what you are doing or where you are going. You are sure to get a laugh and likely a smooth transition.
- Give your child a job. Children are more cooperative when they can be part of the process. Perhaps he can help stir something for dinner, unlock the car doors with the remote or pick out a diaper before a diaper change.



### Practice at School

Children transition from one activity to the next throughout their day at preschool. Teachers plan for transitions in advance by creating special routines. These routines help to prepare children for transitions, engage them in the change that is taking place and help them to move smoothly to the next activity. Teachers might use a special instrument or song to let children know it is clean up time. Teachers might read books to the children while they are standing in line waiting for a turn to wash their hands before snack or create an obstacle course or morning routine to help children and parents transition at drop-off. When children are able to participate in or lead the transition, they are excited and eager to move to a new activity.



### The Bottom Line

The more a child can predict and participate in the schedule and activities of her day, the less likely it is that challenging behavior will occur and the more likely it is that she will eagerly engage in transitions to new people and places. Taking the time and making the effort to teach her what to expect, when it will happen, and what happens before the transition occurs can be a rewarding experience. Most importantly, it is also an opportunity for quality time that can help lead to smoother transitions.



[www.challengingbehavior.org](http://www.challengingbehavior.org)

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# Choose How You Parent

Article by Gary Direnfeld, MSW, RSW

Are you concerned about your parenting skills? If so, there are things you can do.

Parenting skills are generally learned through our early life experiences with our own caregivers. The process is called “role modeling”. In most instances the role model is mom and dad, but in many other instances, this could be a grandparent, foster parent, friend of the family or other guardian. Throughout these early life experiences most persons learn healthy and adaptive ways to raise children. However, for some, their own upbringing may have included issues arising out of violence, abuse, neglect or other forms of dysfunction that interfere with their own ability to parent today.

Given poor experiences from one’s past, it can be a challenge for some persons to parent in such a way so as not to re-create the familiar. In other words, it can be difficult to parent differently from how you were parented so what happened to you doesn’t happen to your children. Some persons who have had poor childhood experiences are concerned about their parenting skills. Even some persons with good childhood experiences have concerns too.

The road to better parenting or parenting differently from what you experienced begins with the process of self-discovery. If in your past, you had experiences related to abuse, violence, neglect or other forms of family dysfunction or you are just concerned, consider consulting a social worker or finding books pertaining to your childhood experience to learn how your early experiences can affect adult life and your parenting. Talking with a social worker or reading books helps to hold a mirror to oneself to more fully and deeply examine where we come from to determine who we are and how we act.

With this deeper understanding of our self, we are then better equipped to recognize how what we learned may affect our current parenting behavior. Then we are able to contrast our behavior with what children really need for healthy development. If there is a discrepancy between what we now realize we are doing and what is actually best for children, there are steps we can take to improve matters.

The next steps involve shedding the old patterns of parenting behaviors in favor of adopting new parenting skills. Even though we may not like our past experiences, they are familiar and in a sense, comfortable. As such we need reminders, support and information both for what not to do but also for help with what to do. Strategies to help be a better parent can come in several different forms and include everything from reading books, to notes on the refrigerator door, to counseling, to support groups, to parenting classes.

Along the way, you may want to consider adopting a new role model. If your role models weren’t healthy, think of someone else, whose parenting abilities you admire. This could be a friend’s parent, a fictional character from a book or even a television personality. The objective here is to pick someone who you know parents well. Then, when you are stuck and wonder what to do, you can think of what that person would do in your situation. This is a nice way to take care of yourself and your children.

Choose your role model and how you want to parent to be the kind of parent your child would choose.

*Gary Direnfeld is a child-behavior expert, a social worker, and the author of Raising Kids Without Raising Cane. Gary not only helps people get along or feel better about themselves, but also enjoys an extensive career in public speaking. He provides insight on issues ranging from child behavior management and development; to family life; to socially responsible business development.*





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